

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10690377
APPLICANT(S) _____

FILING DATE _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3	1					
4		1				
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TOTAL IND.	2					
TOTAL DEP.	4					
TOTAL	6					

	IND		DEP		IND		DEP	
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